

**THE STATE OF NEW HAMPSHIRE**  
**JUDICIAL BRANCH**  
<http://www.courts.state.nh.us>

RECEIVED  
JUN - 3 2022  
BY:

Court Name: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: U22-2022-DM-139  
 (if known)

**PARENTING PETITION**

This form replaces the former "Petition for Custody"

1. Petitioner Name Millette / Specielt Relationship to Child FATHER  
 Date of Birth 1/8/70 E-mail Address Specielt6317@gmail.com  
 Residence Address 153 #L N Sitone Rd Derry NH 03038  
 Mailing Address (if different) \_\_\_\_\_  
 Telephone (Cell) 978-684 2196 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
2. Respondent Name AMANDA KaelBlein Relationship to Child MOTHER  
 Date of Birth 10/3/87 E-mail Address AMANDA.KaelBlein@YAHOO.COM  
 Residence Address 48 Richardson Rd Melrose MA 02176  
 Mailing Address (if different) \_\_\_\_\_  
 Telephone (Cell) 617-771 8815 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
3. Length of time petitioner has been a resident of New Hampshire 1 yr.  
 Length of time child(ren) has resided in New Hampshire 1 yr.

4. List minor children born to or adopted by the parties:

Name	Date of Birth	Current Address
<u>VIVIAN Specielt</u>	<u>6/3/17</u>	<u>WITH MOTHER</u>

**Questions 5 – 9 are required under RSA 458-A, the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA).**

It is important that you answer these questions with as much detail and accuracy as possible. Lack of adequate information could significantly delay orders being issued in your case.

There are several situations that might result in New Hampshire exercising jurisdiction over child/ren. The continuous presence of the child/ren in New Hampshire for six (6) months is not the only basis for jurisdiction. In some emergency situations, the court may be able to exercise jurisdiction on a temporary basis.

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

**PARENTING PETITION**

5. List the places where the minor child/ren of the parties has/have lived in the last five (5) years and the names of the people they lived with at that time, if you know. Start with where the child lives now and work backward in time.

Dates From/To	Town/City, State	Parent(s)/Caretaker	Current Address/Contact Address of Parent/Caretaker	Which Child/ren
2017	ANDOVER	BOTT	RIVER RD	
2019				
2020	ANDOVER	BOTT	RIVER RD	

If more space is needed, attach Extra Page (Form NHJB-2656-FP).

I have attached Form NHJB-2656-FP because additional space was needed.

6. Are there any person(s), not a party to this proceeding, who have physical custody of the child/ren or who claim to have custody, physical custody or parenting time rights?  Yes  No

If yes, list name(s) and address(es) of person(s):

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7. Check one of the following:

I have not participated in any court case(s) concerning the custody, visitation, parenting time or placement of the child/ren in this or any other state.

OR

I have participated in court case(s) concerning the custody, visitation, parenting time or placement of the child/ren in this or any other state. I have participated in the following:

Name of Court	State	Case No.	Date of Court Order
CHUTON P DOBATE	MA		2018

8. Are there any actions for enforcement, or proceedings relating to domestic violence, domestic relations, protective orders, marriage dissolution, paternity, legitimation, custody, parental rights and responsibilities, termination of parental rights, adoption, juvenile, or other proceedings in any court in any state affecting any children named in this petition or parents of those children?  Yes  No

If yes, complete the following:

Name of Court	State	Case No.	Type of Court Case

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

**PARENTING PETITION**

9. Optional:  I am alleging, under oath, that my or my child/ren's health, safety, or liberty would be jeopardized by the disclosure of identifying information set forth in this Petition. To support my allegation, I state as follows:

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10. Please check one of the following regarding public assistance.

- No public assistance (TANF) is now being or has within the last 6 months been provided, nor is medical assistance (Medicaid) presently being provided, for any minor child of the parties.
- The N. H. Department of Health and Human Services is providing or has provided within the last 6 months public assistance (TANF) and/or medical assistance (Medicaid) for a minor child or children of the parties. If you check this box, you must mail copies of this petition and the Personal Data Sheet (NHJB-2077-F) to DHHS at:

New Hampshire Department of Health and Human Services  
Bureau of Child Support Services - Legal Unit  
129 Pleasant Street  
Concord, NH 03301

11. Requests for court orders:

A. TEMPORARY. The Petitioner respectfully requests that the Court issue temporary orders on any of the following issues. (Check all that apply). A temporary order is in effect until the final hearing.

Child support       Parenting Plan       Other \_\_\_\_\_

B. FINAL. The Petitioner respectfully requests that the Court issue a final order approving or establishing the following (Check all that apply):

A parenting plan which describes the parties' parental rights and responsibilities relating to minor children;

Child support obligations for any minor children;

Any other relief which may be appropriate;

Other: CUSTODY

I acknowledge that I have a continuing duty to inform the court of any court action in this or any other state that could affect the child/ren in this case.

I swear or affirm that the foregoing information is true and correct to the best of my knowledge.

5/3/24

\_\_\_\_\_  
Signature of Petitioner

Date \_\_\_\_\_ State of NH, County of Rockingham

This instrument was acknowledged before me on 6/13/22 by Michael Speight  
State of New Hampshire  
My Commission Expires 1523

\_\_\_\_\_  
Signature of Notarial Officer / Title

\_\_\_\_\_  
Signature of Attorney for Petitioner

Printed Name, Address and Phone Number of Attorney

Bar #

## THE STATE OF NEW HAMPSHIRE

## JUDICIAL BRANCH

## NH CIRCUIT COURT

10th Circuit-Family Division-Derry  
10 Courthouse Lane  
Derry, NH 03038

Telephone: 1-855-212-1234  
TTY/TDD Relay: (800) 735-2964  
<http://www.courts.state.nh.us>

## RETURN OF SERVICE

RECEIVED  
R JUL 07 2022  
BY:

Case Name:  
Case Numbers:



Middlesex Sheriff's Office • 400 Mystic Ave, 3rd Floor, Medford, MA 02155 • 617-547-1171  
Middlesex, ss.

June 30, 2022

I hereby certify and return that on 6/30/2022 at 7:05 AM I served a true and attested copy of the NOTICE TO PARTIES, MOTION TO WAIVE FILING FEES, PARENTING PETITION, APPEARANCE/WITHDRAWAL, CHECK LIST & COVER SHEET, INFORMATION ABOUT RULE 1.25-A, CUSTODY AFFIDAVIT, MEDIATION, CHILD IMPACT PROGRAM NOTICE, FINANCIAL AFFIDAVIT, in this action in the following manner: To wit, by leaving at the last and usual place of abode of AMANDA KAEUBLEIN, 48 RICHARDSON RD MELROSE, MA 02176 . Fees: Out of State Service (\$100.00) Total: \$100.00

PRO SE INSTRUCTED US TO LEAVE LAST AND USUAL

SUBSCRIBED AND SWEORN TO  
THIS 30<sup>th</sup> DAY OF June 2022  
Laurie Aufiero  
NOTARY PUBLIC  
MY COMMISSION EXPIRES 7/26/2024



*Laurie Aufiero*  
Laurie Aufiero

Deputy Sheriff

named \_\_\_\_\_ being \_\_\_\_\_  
Street in \_\_\_\_\_ in said County, \_\_\_\_\_

a copy of the attached pleading and order of notice thereon, attested as such by \_\_\_\_\_, Clerk of the Family Division for the County of \_\_\_\_\_, and State of New Hampshire, of which the foregoing is a true copy. I am authorized to serve similar process in the County where service was made.

(Signature of Sheriff or Deputy) (Official Title)(Address)

2B.

Jurat of Clerk of Court or Notary Public

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_

My Commission Expires \_\_\_\_\_  
Affix Seal, if any

Signature of Notarial Officer / Title

2C.

Certificate of Clerk of Court or County Clerk

State of \_\_\_\_\_,

County of \_\_\_\_\_

I, \_\_\_\_\_ Clerk of the \_\_\_\_\_ for the County of \_\_\_\_\_  
and State of \_\_\_\_\_ do hereby certify that

\_\_\_\_\_ whose name is subscribed to the foregoing return of service, was at the time of making the same a deputy sheriff \_\_\_\_\_ in and for said county, and as such was duly authorized to service similar process in said county.

In witness whereof I have hereto set my hand and official seal \_\_\_\_\_.

(OFFICIAL SEAL)

(Signature of Official) (Official Title) (Address of Official)